

## BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

1Q1550978

FILING DATE

APPLICANT'S

## CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1				
3	1					
4	1					
5	1					
6	1					
7	1					
8	1					
9	1		1			
10	1					
11	1		1			
12	1					
13	1					
14	1					
15	1					
16	1					
17	1					
18	1					
19	1					
20	1		1			
21	1					
22	1		1			
23	2		1			
24	2		1			
25	2					
26	2					
27	2					
28	2					
29	2					
30	2		1			
31	2					
32	2					
33	2		1			
34	2					
35	2					
36	2		1			
37	2					
38	2					
39	2					
40	2		1			
41	2					
42	2					
43	2					
44	2					
45	2					
46						
47			1			
48						
49						
50			1			
TOTAL IND.	3					
TOTAL DEP.	65	←	←	←	←	←
TOTAL CLAIMS	68					

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51					1	
52					1	
53					1	
54						
55						
56						
57						
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60						
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.			3			
TOTAL DEP.		←	←	←	←	←
TOTAL CLAIMS	68		18			